



Coffs Harbour U3A Inc.
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Acknowledgement of Risk for Physical Activity Course Participants

In voluntarily participating in the “.....”
Group, I am aware that my participation in this group activity may
expose me to risks that could lead to injury or other medical
consequences.

1. I acknowledge that I am solely responsible for exercising within limits appropriate to my state of health, and that I am solely responsible for ascertaining such limits from an appropriately trained person such as a medical practitioner.
2. I agree to indemnify the group facilitator(s) and Coffs Harbour U3A Incorporated from any liability in respect to injury or medical consequences resulting from my participation in the class to the extent permitted by law.

Signed

Dated

Printed Name

Membership No.